

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 2:15-cv-02648-DGC

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Bard Peripheral Vascular, Inc.
 was received by me on *(date)* 1/4/2016.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

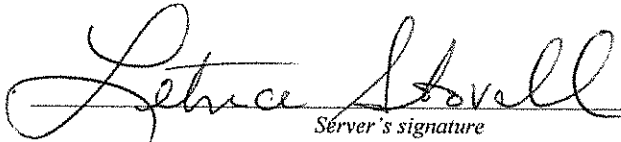
☐ I returned the summons unexecuted because _____; or

☒ Other *(specify)*: Pursuant to FRCP. 4, the summons was served via certified mail to CT Corporation System,
 registered agent for Bard Peripheral Vascular, Inc. A copy of the proof of delivery received by
 an employee of the registered agent on 12/14/2015 is attached.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 01/05/2016



Server's signature

Letrica Stovall, Paralegal

Printed name and title

Cory Watson Attorneys
2131 Magnolia Avenue
Birmingham, Alabama 35205

Server's address

Additional information regarding attempted service, etc:

7014 1200 0000 7628 5810

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Beal, Tommy Postmark Here 12/9/15
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent to Bard Peripheral Vascular Street, Apt. No., or PO Box No. 3800 N. Central Ave Ste 460 City, State, ZIP+4 Phoenix, AZ 85012	
PS Form 3800, August 2005 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Bard Peripheral Vascular, Inc % CT Corporation System 3800 N. Central Ave Suite 460 Phoenix, AZ 85012 2. Art (7) 7014 1200 0000 7628 5810	COMPLETE THIS SECTION ON DELIVERY A. Signature CORPORATION SYSTEM X PHOENIX ARIZONA <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery 12-14-15 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes
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PS Form 3811, July 2013

Domestic Return Receipt

UNITED STATES POSTAL SERVICE


 First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

 CORY WATSON, P.C.
 2131 MAGNOLIA AVE S
 BIRMINGHAM, AL 35282-8195

LS

